

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

SCOTT J GOLDSTEIN  
LAW OFFICE OF SCOTT J GOLDSTEIN LLC  
280 West Main Street  
Denville, NJ 07834  
(973) 453-2838  
sjg@sgoldsteinlaw.com

Attorney for Paul Valverde and Eileen Valverde,  
Debtors.

In Re:

Paul Valverde  
Eileen Valverde,

Debtors.

Case No.	18-18869
Chapter	13
Adv. No.	
Hearing Date	
Judge:	VFP

**CERTIFICATION OF SERVICE**

1. I, Scott J Goldstein,

☒ represent Debtors in this matter.

☐ am the secretary/paralegal for \_\_\_\_\_, who represents  
Debtors in this matter.

☐ am the \_\_\_\_\_ in this case and am representing myself.

2. On February 28, 2019, I sent a copy of the following pleadings and/or documents  
to the parties listed in the chart below.

Notice of Voluntary Conversion, Declaration in Support; Proposed Order

3. I certify under penalty of perjury that the above documents were sent using the mode of service  
indicated.

Date: February 28, 2019

/s/Scott J. Goldstein

Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Marie-Ann Greenberg 30 Two Bridges Road, Suite 330, Fairfield, NJ 07004	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Office of the US Trustee 1085 Raymond Blvd., Ste 2100 Newark, NJ 07102	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Capital One Bank, NA Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
American Express Correspondence PO Box 981540 El Paso, TX 79998-1540		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Chase Card Services Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Synchrony Bank Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5060		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Discover Financial PO Box 3025 New Albany, OH 43054-3025		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Visa Department Stores National Bank Attn: Bankruptcy PO Box 8053 Mason, OH 45040-8053		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Barclays Bank Delaware Attn: Correspondence PO Box 8801 Wilmington, DE 19899-8801		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Comenity Bank Attn: Bankruptcy Dept PO Box 182125 Columbus, OH 43218-2125		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Apotheker Scian 520 Fellowship Rd Ste C306 Mount Laurel, NJ 08054-3410	Creditor's Counsel	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
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